

DIVISION OF DISEASE PREVENTION DATA REQUEST FORM

Requests for non-routine data, including, but not limited to, any request for Division data sets, data matches or disaggregated information, must be submitted in writing to the Director of Health and Research Informatics for data release consideration. Clear explanation should be provided regarding proposed data needs. Submission of this request does not guarantee approval and/or releases of Division of Disease Prevention data.

Submission Date: _____/_____/_____

Requestor: _____

Phone: _____-_____-_____

Title: _____

Fax: _____-_____-_____

Organization: _____

Email: _____

Purpose of Request:

Data Requested: [include timeframe(s), disease(s), demographics, etc]:

Data Use Methodology [if a research study/project, attach complete study design proposal]:

Description of Data Protection Mechanisms [staff accessibility, electronic security, locks, etc]:

At the conclusion of this project, the data will be: (*check one*)

! Returned to the Division of Disease Prevention

! Destroyed

Method

Signature of Requestor

cc: Data Recipient
Director of Health and Research Informatics
File

DIVISION OF DISEASE PREVENTION DATA RECIPIENT AGREEMENT

The undersigned hereby agrees to the following terms and conditions relating to any data requested of the Virginia Department of Health Division of Disease Prevention:

- A. The information obtained through this data request will be used only for surveillance of treatment, care and/or disease trends, prevention strategies or for statistical purposes in medical and health research.
- B. No data shall be released or published by the data recipient in any form potentially identifying a particular individual, physician, hospital or other reporting source. Data subsets without personal identifiers must comply with confidentiality guidelines based on data cell size, i.e. the “Rule of Three” as described by the Division of Disease Prevention.
- C. The data recipient shall sign the Division of Disease Prevention Security & Confidentiality Guidelines. These guidelines shall be renewed every 12 months, as applicable.
- D. Any identifying information in this data request shall not be used as a basis for legal, administrative, or other actions that may directly affect those particular individuals or establishments as a result of their specific identification in this project.
- E. Information obtained through this request shall not be distributed to anyone else, including subcontractors and third-party analysts. The data shall not be used for any project other than the intended use specified in the data request.
- F. Unless specified and approved through the original proposal, no “follow-back” investigations to obtain additional information from physicians, hospitals, or patients shall be undertaken.
- G. All data received from the Division of Disease Prevention shall be returned to the Division or disposed of by an approved method at the end of the project. The data recipient shall state the method of return or disposal prior to receipt of the data.
- H. Any suspected or confirmed breach of data confidentiality or security shall be immediately reported to the Director of the Division of Disease Prevention.
- I. Draft versions of all work products shall be sent to the Division of Disease Prevention for review prior to any distribution. Sufficient time should be allotted to allow for review and comments prior to distribution.
- J. A copy of all final work products resulting from use of the data shall be sent to the Division of Disease Prevention prior to or at the time of distribution.

As a recipient of data from the Virginia Department of Health Division of Disease Prevention, I agree to abide by the above stipulations.

Signature: _____ Date: _____

Organization: _____

cc: Data Recipient
Director of Health and Research Informatics
File